FRIENDSHIP VILLAGE 7300 WEST DEAN ROAD

MILWAUKEE 53223 Phone: (414) 371-7400		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	83	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	91	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	62	Average Daily Census:	68
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Services Provided to Non-Residents Age, Sex	, and Primary	Diagnosis of Residents (12/31/02)	Length of Stay (12/

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43.5
Supp. Home Care-Personal Care	No					1 - 4 Years	51.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years	4.8
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	22.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	59.7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	8.1			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	21.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	43.5	65 & Over	96.8		
Transportation	No	Cerebrovascular	11.3			RNs	7.9
Referral Service	No	Diabetes	4.8	Sex	%	LPNs	12.7
Other Services	No	Respiratory	6.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	4.8	Male	24.2	Aides, & Orderlies	34.2
Mentally Ill	No			Female	75.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્રે	Per Diem (\$)	No.	્રે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	6.7	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	10	100.0	314	14	93.3	111	1	100.0	111	7	100.0	190	29	100.0	111	0	0.0	0	61	98.4
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		15	100.0		1	100.0		7	100.0		29	100.0		0	0.0		62	100.0

FRIENDSHIP VILLAGE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period					0. No. of the second		
Percent Admissions from:			0		% Needing	° matall.	Total
	4.6.0	Activities of	- · ·		sistance of	% Totally	Number of
	16.3		Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		87.1	12.9	62
Other Nursing Homes	1.0	Dressing	11.3		64.5	24.2	62
Acute Care Hospitals	77.3	Transferring	21.0		43.5	35.5	62
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.8		61.3	12.9	62
Rehabilitation Hospitals	0.5	Eating	51.6		35.5	12.9	62
Other Locations	4.9	*******	******	*****	*****	*****	*****
Total Number of Admissions	203	Continence		%	Special Treatmen	ts	90
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.8	Receiving Resp	iratory Care	8.1
Private Home/No Home Health	40.7	Occ/Freq. Incontiner	nt of Bladder	56.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	53.2	Receiving Suct	ioning	0.0
Other Nursing Homes	2.3	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	22.9	Mobility			Receiving Tube	Feeding	3.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.2	_	anically Altered Diet	s 37.1
Rehabilitation Hospitals	0.0	1			_	-	
Other Locations	16.4	Skin Care			Other Resident C	haracteristics	
Deaths	17.8	With Pressure Sores		3.2	Have Advance D	irectives	85.5
Total Number of Discharges		With Rashes		6.5	Medications		
(Including Deaths)	214	I				hoactive Drugs	45.2

	This Facility	Non	ership: profit Group	50	Size: -99 Group	Ski	ensure: lled Group	All Facilities	
	96	୧	Ratio	olo	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.7	85.6	0.87	86.7	0.86	84.2	0.89	85.1	0.88
Current Residents from In-County	96.8	88.1	1.10	90.3	1.07	85.3	1.13	76.6	1.26
Admissions from In-County, Still Residing	12.3	23.6	0.52	20.3	0.61	21.0	0.59	20.3	0.61
Admissions/Average Daily Census	298.5	134.2	2.22	186.6	1.60	153.9	1.94	133.4	2.24
Discharges/Average Daily Census	314.7	140.2	2.24	185.6	1.70	156.0	2.02	135.3	2.33
Discharges To Private Residence/Average Daily Census	127.9	46.8	2.73	73.5	1.74	56.3	2.27	56.6	2.26
Residents Receiving Skilled Care	100	90.1	1.11	94.8	1.05	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	96.8	96.3	1.00	89.2	1.09	91.5	1.06	87.7	1.10
Title 19 (Medicaid) Funded Residents	24.2	52.8	0.46	50.4	0.48	60.8	0.40	67.5	0.36
Private Pay Funded Residents	11.3	34.8	0.32	30.4	0.37	23.4	0.48	21.0	0.54
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	0.0	35.2	0.00	27.0	0.00	32.8	0.00	33.3	0.00
General Medical Service Residents	4.8	23.7	0.20	27.0	0.18	23.3	0.21	20.5	0.24
Impaired ADL (Mean)	49.0	50.5	0.97	48.9	1.00	51.0	0.96	49.3	0.99
Psychological Problems	45.2	54.7	0.83	55.5	0.81	53.9	0.84	54.0	0.84
Nursing Care Required (Mean)	7.3	7.2	1.01	6.8	1.07	7.2	1.01	7.2	1.01